

More elderly Americans are living with heart failure

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The number of elderly individuals newly diagnosed with heart failure has declined during the past ten years, but the number of those living with the condition has increased, according to a report in the February 25 issue of *Archives of Internal Medicine*.

"Heart failure affects nearly 5 million people in the United States, and more than 300,000 die each year as a result of the disease. Heart failure is primarily a disease of elderly persons and, consequently, places a significant and growing economic burden on the Medicare program," according to background information in the article.

The number of people age 65 or older hospitalized for heart failure from 1984 to 2002 rose by more than 30 percent. "Estimates of the incidence [rate of new cases] and prevalence [percentage of the population affected] of heart failure in elderly persons translate directly into projections of resource use for the Medicare program, so accurate estimates are essential."

Lesley H. Curtis, Ph.D., of the Duke University School of Medicine, Durham, N.C., and colleagues analyzed information obtained from the files of 622,789 Medicare patients age 65 or older who were diagnosed with heart failure between 1994 and 2003. The rate of new heart failure occurrences and the number of people living with heart failure were measured.

The yearly occurrence of heart failure decreased from 32 per 1,000



person-years (years of observation time during which each person is at risk to develop the disease) in 1994 to 29 per 1,000 person-years in 2003. A sharper decline was seen in Medicare patients age 80 to 84 (from 57.5 to 48.4 per 1,000 person-years), while a slight increase was seen in those age 65 to 69 (from 17.5 to 19.3 per 1,000 person-years).

The number of patients living with the condition increased steadily from about 140,000 to approximately 200,000 with more men living with the disease than women each year. "The proportion of beneficiaries with a heart failure diagnosis grew from 90 per 1,000 in 1994 to 120 per 1,000 in 2000, and remained at about 120 per 1,000 through 2003," the authors write.

Source: JAMA and Archives Journals

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